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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 067800001		CITY OF	R TOWN	MEDFIELD	)
APPLICATION FO	R RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS				YEAR
LICENSEE NAME:	TOM MCGUE, INC.					
DOING BUSINESS	A BASIL RESTAURA	NT				
ADDRESS 43 FRA	IRY ST.					
CITY/TOWN: ME	DFIELD	STATE: M	IA ZIP (	CODE:	02052	
MANAGER: MCC	GUE, THOMAS TYPE	OF LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOU	UR EMAIL ADDRES	S		
DESCRIPTION OF	LICENSED PREMISES	S:				
	D BASEMENT, FIRST IEN'S ROOM, SECOND RAGE.					
I hereby certify and	swear under penalties of	perjury that:				
	ved license will be of the		_			
	see has complied with all			•	taxes; and	
3. the premi	ises are now open for bus	siness (If not e	xplain below)			
SIGNED BY	Individual, Partner or	Authorized Co	orporate Offic	er		
DATE:	TELEPHONE N	NUMBER:	I	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Not	e: NOT Ind	ividual Social Se	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspec (2) the certificate of liq	ctor and the h	nead of the fir	re departn	nent for the	above
Please Check Below:			LOCAI	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	am)					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 067800004		CITY OR TOWN	MEDFIELD
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BECKWITH POS	T #110 INC. AM. LEC	GION	
DOING BUSINESS	A			
ADDRESS PETER I	KRISTOF WAY			
CITY/TOWN: MEI	OFIELD	STATE: MA	ZIP CODE:	02052
MANAGER: MANALBI	IGANELLO, TY ERT JR.	PE OF LICENSE: Club	CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMI	SES:		
FUNTION HALL W	ITH TWO SERVIC	40 ADDITION ON SI CE BARS, MEMBERS ND WOMEN'S TOILE	BAR, MEMBERS	
I hereby certify and s	wear under penaltie	s of perjury that:		
1. the renew	ed license will be of	f the same type for the s	same premises now	licensed;
2. the license	ee has complied with	h all laws of the Comm	onwealth relating to	taxes; and
3. the premis	ses are now open for	r business (If not explain	in below)	
SIGNED BY	Individual, Partne	r or Authorized Corpor	rate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Indi	ividual Social Security Number)
Acts of 2004, signed	by the building in	spector and the head	of the fire departn	nd by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	iin)		-	
DATE:				
~				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	06/800006		CITY OR TO	WN MEDFIEL	עב
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 547 MAII	N ST				
CITY/TOWN: MED	FIELD	STATE: M	A ZIP COD	DE: 02052	
MANAGER: PALURICH		PE OF LICENSE:	Package Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	SES:			
ONE STORY, 3 ROC FOR STORAGE ANI		TORE AREA, TV	VO STORAGE R	OOMS, CELLAF	R USED
2. the license	d license will be of e has complied with es are now open for Individual, Partner	all laws of the Co business (If not ex	mmonwealth rela		
	morridan, rariner	of Fluidionized Co	iporate Officer		
DATE:	TELEPHON	E NUMBER:		LOYER IDENTIFICA  OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LIG	CENSING AUTH	HORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	06/800008		CITY OR TOV	MN MEDFIEL	D
APPLICATION FOR F	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: NOTICE DOING BUSINESS A ADDRESS 20 NORTH		KG STORE INC			
CITY/TOWN: MEDF		STATE: MA	ZIP CODE	: 02052	
MANAGER: LARKI		ΓΥΡΕ OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					7
	EASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PRE	MISES:			
TWO FRONT ENTRA ROOM FOR STOCK,				ST FLOOR, ON	E BACK
2. the licensee 3. the premises SIGNED BY	has complied vs are now open	of the same type for the vith all laws of the Comfor business (If not expense) and or Authorized Corp	monwealth relati lain below)		
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067800009	CITY O	R TOWN	MEDFIELI	)
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: BULLARDS MARKET & I	PACKAGE STORE, 1	INC.		
DOING BUSINESS A				
ADDRESS 1 GREEN ST				
CITY/TOWN: MEDFIELD STA	TE: MA ZIP	CODE:	02052	
MANAGER: GOLDBERG, TYPE OF LI ANDREW S.	CENSE:Package Stor	re CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL ADDRE	SS		ı
DESCRIPTION OF LICENSED PREMISES:				
ONE STORY WOODEN BLDG., ONE ROOM A RECEIVING, CELLAR FOR STORAGE AND H		ROOM FO	OR SHIPPING	G AND
the licensee has complied with all laws     the premises are now open for business  SIGNED BY		_	o taxes; and	
Individual, Partner or Author	orized Corporate Offic	cer		
DATE: TELEPHONE NUME	DEIX.			ION NUMBER: ecurity Number)
Please Check Below: APPROVED:	LOCA By:	L LICENS	ING AUTHO	ORITY
DISAPPROVED:	•			
(If disapproved explain)				
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067	7800012		CITY C	OR TOWN	MEDFIELI	D
APPLICATION FOR RE	NEWAL:	Annual		LICEN	SED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME: TA	KARA GROUP	INC.				
DOING BUSINESS A T	AKARA					
ADDRESS 1 GREEN ST	REET					
CITY/TOWN: MEDFIE	LD	STATE: N	1A ZIP	CODE:	02052	
MANAGER: ZHENG,	WEI TYP!	E OF LICENSE	:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WEI	BSITE AND ENTER YO	UR EMAIL ADDRE	ESS		
DESCRIPTION OF LICE						
2,606 SQ. FT. ON FIRST DOORS.	`FLOOR, CONT	'AINING A KIT	CHEN, DIN	ING AREA	A, THREE O	UTSIDE
I hereby certify and swear	under penalties	of perjury that:				
1. the renewed lie	cense will be of the	he same type for	the same pre	emises now	licensed;	
2. the licensee ha				Ū	o taxes; and	
3. the premises a	re now open for b	ousiness (If not e	explain below	<i>i</i> )		
SIGNED BY Inc	dividual, Partner of	or Authorized C	orporate Offi	cer		
	,					
DATE:	TELEPHONE	E NUMBER:		EMPLOYER	RIDENTIFICAT	ION NUMBER:
	TEEET HOLL	TVOWIDER.	(Ne	ote: NOT Inc	lividual Social S	ecurity Number)
We the undersigned, at	tact that we are	in naccaccion (1	) the cortific	oto roquir	nd by Chant	or 304 of the
Acts of 2004, signed by	the building insp	pector and the	head of the f	ire departı	ment for the	above
named license and (2) the of 2010.	ne certificate of l	liquor liability i	insurance re	quired by	Chapter 116	of the Acts
Please Check Below:			LOCA	I HCENG	SING AUTHO	ADITV
APPROVED:			By:	L LICENS	ING AUTIN	JKII I
DISAPPROVED:			J			
(If disapproved explain)						
DATE:						
APPLICATION FOR RENEWAL M	IUST BE FILED BY LIC	CENSEES DURING T	HE MONTH OF N	OVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	6/800013		CITYO	RIOWN	MEDFIEL	D
APPLICATION FOR R	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: NO DOING BUSINESS A		НОРРЕ				
ADDRESS 258 MAIN	ST. UNIT E					
CITY/TOWN: MEDF	ELD	STATE: N	IA ZIP	CODE:	02052	
MANAGER: CARRO MATTH		F LICENSE	:Package Sto	re C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	ASE ALSO VISIT OUR WEBSIT		UR EMAIL ADDRE	CSS		
DESCRIPTION OF LIC APPROX. 1668 SQ. FE ROOM AND LAVATO	ET OF RETAIL SPA	CE WITH FI				.GE
2. the licensee last the premises SIGNED BY	nas complied with all are now open for bus	laws of the C	ommonwealt	h relating t		
DATE:	TELEPHONE N			EMPLOYE		TION NUMBER: decurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCA By:	L LICENS	SING AUTH	ORITY
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	)67800014		CITY OR	TOWN	MEDFIELI	)
APPLICATION FOR I	RENEWAL:	Annual		LICEN	SED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME: (	GRAND MANDARII	N, INC				
DOING BUSINESS A	JING'S GARDEN II	[				
ADDRESS 16 NORTH	I MEADOWS RD					
CITY/TOWN: MEDF	TELD	STATE: MA	ZIP C	ODE:	02052	
MANAGER: WU, JI	NG TYPE	OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	EASE ALSO VISIT OUR WEBSI		EMAIL ADDRESS			
DESCRIPTION OF LI			ED ONTE EN	TO ANG		T. TEWLO
KITCHEN, LAVATOR REAR EXITS AND EN		T FLOOR. ONE	FRONTEN	TRANC	E AND EXIT	i, TWO
I hamaha aantifu and are	ann un dan manaltias af	Commission that				
I hereby certify and swe	l license will be of the		e same prem	ises now	licensed:	
	has complied with all	• 1	•			
	s are now open for bu				,	
SIGNED BY						
]	Individual, Partner or	Authorized Corp	orate Office	r		
DATE:				MDI OVED		WON AND ODED
DATE.	TELEPHONE 1	NUMBER:				ION NUMBER: ecurity Number)
						•
We the undersigned, Acts of 2004, signed by		_		_		
named license and (2)						
of 2010.						
Please Check Below:			LOCAL	LICENS	ING AUTHO	ORITY
APPROVED:	٦		By:			
DISAPPROVED: (If disapproved explain						
(11 disapproved explain	,					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067800016	(	CITY OR TOWN MEDI	FIELD
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	OR 2013
	CLASS		YEAR
LICENSEE NAME: NOON HILL P DOING BUSINESS A NOON HILL			
ADDRESS 530 MAIN ST			
CITY/TOWN: MEDFIELD	STATE: MA	ZIP CODE: 02052	2
MANAGER: SLESAR, JENNIFER	TYPE OF LICENSE: Rest.	aurant CATEGO	RY: All Alcohol
EMAIL ADDRESS:			
	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE			
3 DINING AREAS, 1 KITCHEN, 3 L ONE ENTRANCE, ONE SERVICE			FLOOR WITH
3. the premises are now open SIGNED BY Individual, Par	tner or Authorized Corpor		
DATE: TELEPH	IONE NUMBER:	EMPLOYER IDENTII (Note: <b>NOT</b> Individual So	FICATION NUMBER: ocial Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	of the fire department for	r the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AU By:	UTHORITY
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 06/80001/		CITY	JK TOWN	MEDFIEL	D
APPLICATION FO	OR RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	E: ZEBRA'S RES	STAURANT GROUP L	IMITED			
DOING BUSINES	S A ZEBRA'S BI	STRO/PERFECT PEAL	R CATER	ING		
ADDRESS 21 NO	RTH ST					
CITY/TOWN: M	EDFIELD	STATE: MA	ZIP	CODE:	02052	
	EUBECKER, RAIG R.	TYPE OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDR	ESS		_
DESCRIPTION O		EMISES:				
ADDING OUTDO						
•	•	alties of perjury that:				
		be of the same type for the	•			
	•	with all laws of the Cor		_	to taxes; and	
3. the pren	nises are now open	n for business (If not exp	piain belov	V)		
CICNED DV						
SIGNED BY	Individual, Pa	rtner or Authorized Cor	porate Off	ïcer		
			_			
DATE:	TELEPI	HONE NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEELT.	TOTAL TANKERS	(N	lote: NOT In	dividual Social S	Security Number)
Acts of 2004, sign	ned by the buildin	e are in possession (1) to ag inspector and the he te of liquor liability ins	ad of the f	fire depart	ment for the	above
Please Check Below:			LOCA	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	plain)					
DATE:						
DAIL.						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	1BER: 067800020		CITY OR TOWN	MEDFIELL	)
APPLICATION	FOR RENEWAL:	Annual	LICENS	ED FOR 20	13
		CLASS			YEAR
LICENSEE NA	ME: KINGSBUR	Y CLUB MEDFIELD INC			
DOING BUSIN	IESS A KINGSBU	RY CLUB MEDFIELD			
ADDRESS 2 IC	CE HOUSE ROAD				
CITY/TOWN:	MEDFIELD	STATE: MA	ZIP CODE:	02052	
	JANJIGIAN, ROBERT	TYPE OF LICENSE: Re	staurant CA	TEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		•
	OF LICENSED PI				
		HEALTH AND TENNIS C OF RESTAURANT IS 120			
I hereby certify	and swear under per	nalties of perjury that:			
1. the re	enewed license will	be of the same type for the	same premises now l	icensed;	
2. the li	icensee has complie	d with all laws of the Com	nonwealth relating to	taxes; and	
3. the p	oremises are now op	en for business (If not expl	ain below)		
SIGNED BY					
	Individual, P	artner or Authorized Corpo	orate Officer		
DATE:	TELEI	PHONE NUMBER:			ION NUMBER:
			(Note: NOT Indiv	/idual Social Se	ecurity Number)
Acts of 2004, s named license	igned by the buildi	ve are in possession (1) thing inspector and the head ate of liquor liability insu	d of the fire departm	ent for the	above
of 2010.					
Please Check Below APPROVED:	<u>w:</u>		LOCAL LICENSI	NG AUTHO	ORITY
DISAPPROVED.	D:		By:		
(If disapproved			-		
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	6/800022		CITY OR TOWN	1 MEDFIEL	D
APPLICATION FOR R	ENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: ODOING BUSINESS A					
ADDRESS 270 MAIN	STREET				
CITY/TOWN: MEDF	IELD ST	ΓATE: MA	ZIP CODE:	02052	
MANAGER: CARRIO	GG, JOHN TYPE OF	LICENSE: Pac	kage Store (	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	ASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LIG					
SELF SERVE REFUEI DONUTS AND CONV FRONT AND SIDE DO	ENIENCE STOREAl				
I hereby certify and swe	ar under penalties of per	rjury that:			
1. the renewed	license will be of the san	me type for the	same premises no	w licensed;	
2. the licensee	has complied with all law	ws of the Comm	nonwealth relating	to taxes; and	
3. the premises	are now open for busine	ess (If not expla	in below)		
SIGNED BY	ndividual, Partner or Au	thorized Corno	rate Officer		
1	ndividual, Farmer of Au	monzeu Corpo	rate Officer		
DATE:	TELEDIANE MU	MDED.	EMPI OVI	ER IDENTIFICAT	ION NUMBER:
	TELEPHONE NU	MBEK:		ndividual Social S	
Please Check Below:			LOCALLICEN	ICINIC ALITTI	ODITV
APPROVED:			LOCAL LICEN By:	SING AUTH	JKII I
DISAPPROVED:			Dy.		
(If disapproved explain)	)		-		
			-		
DATE:					
DAIL.					